

**Naval War College
Nonresident Graduate Degree Pilot Program
827 Sicard St. SE
Washington, DC 20374-5039**

REQUEST FOR APPROVAL OF ELECTIVE COURSE

Student's Name: _____ Date: _____

Request approval of the below listed course as meeting an electives requirement for the Master of Arts Degree in National Security and Strategic Studies at the Naval War College. This course has not been applied towards a previous degree.

Name of Course: _____

Course Number: _____ Graduate Hours: _____

Institution _____

Location: _____ Department _____

Attach brief course catalogue description.

Web site URL for complete course description:

Signature _____

Nonresident Graduate Degree Program Coordinator:

Check one: ☐ Approved for Transfer ☐ Not Approved for Transfer

Signature: _____ Date: _____

Naval War College Electives Coordinator:

Check one: ☐ Approved for Transfer ☐ Not Approved for Transfer

Signature: _____ Date: _____